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**FAX TRANSMISSION****DATE:** May 8, 2008**PTO IDENTIFIER:** Application Number 10/706,701-Conf. #5722  
Patent Number**Inventor:** Paul Lehmann et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** FULBRIGHT & JAWORSKI L.L.P.

Norman D. Hanson

**PHONE:** (212) 318-3168**Attorney Dkt. #:** NY-ROCHE 203-US (10761196)**PAGES (Including Cover Sheet):** 8**CONTENTS:** Response to Final Action Under 37 CFR 1.116 (2 pages)  
Fee Transmittal Form (1 page)  
(2) Terminal Disclaimers (1 page each)  
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PTO/SB/17 (10-07)

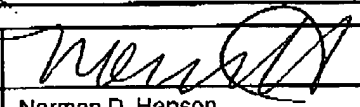
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b> Application Number 10/706,701-Conf. #5722 Filing Date November 12, 2003 First Named Inventor Paul Lehmann Examiner Name H. A. Robinson Art Unit 1656 Attorney Docket No. NY-ROCHE 203-US (10701186)	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 260.00			

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	Filing Fees	Small Entity Fee (\$)	Search Fees	Small Entity Fee (\$)	Examination Fees	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
0		20 = 0	x 50.00 =	0.00	Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
0		3 = 0	x 210.00 =	0.00			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
-100 =	/50 =	(round up to a whole number) x					
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						130.00	
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer						130.00	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	30,946
Name (Print/Type)	Norman D. Hanson	Telephone	(212) 318-3168
		Date	May 8, 2008

70302725.1

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PTO/SB/97 (09-04)

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Application No. (if known): 10/706,701

Attorney Docket No.: NY-ROCHE 203-US

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